

Wisconsin

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State CARE Act Program Profile

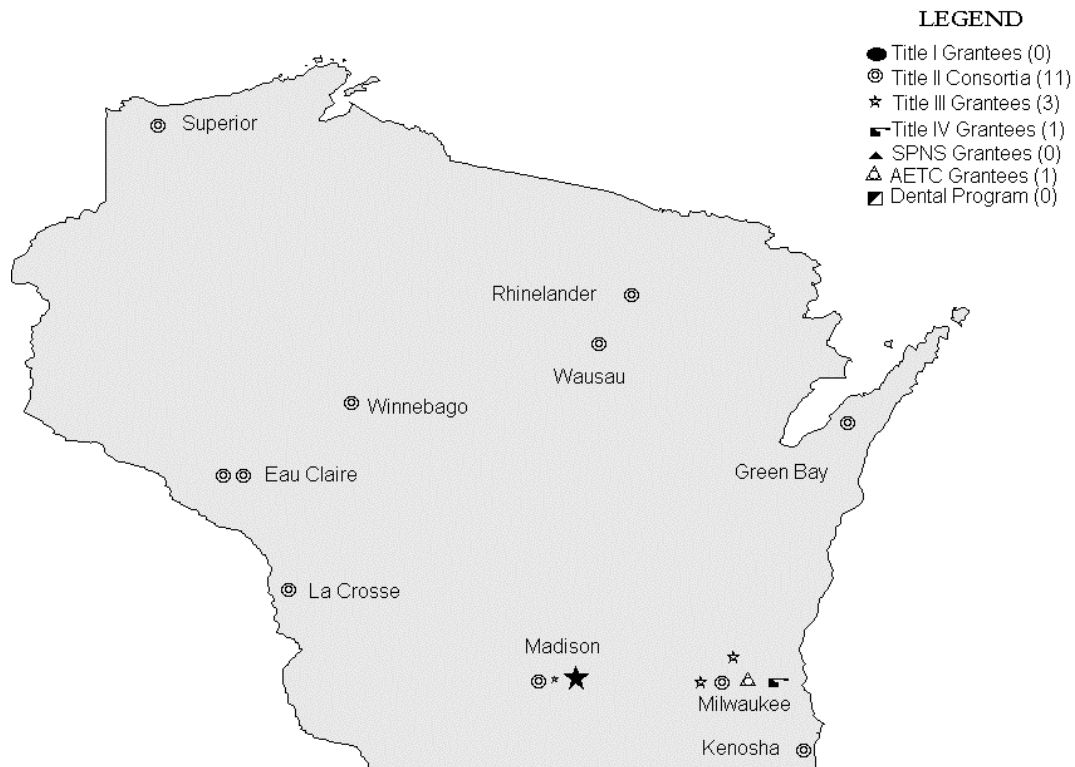
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$1,840,433	\$2,579,528	\$3,054,537	\$7,474,498
ADAP	(\$268,824)	(\$823,839)	(\$1,355,656)	(\$2,448,319)
Title III	\$332,800	\$432,800	\$864,769	\$1,630,369
Title IV	\$264,464	\$324,354	\$405,443	\$994,261
SPNS	\$0	\$0	\$0	\$0
AETC	\$95,000	\$68,875	\$95,000	\$258,875
Dental	\$0	\$0	\$0	\$0
Total	\$2,532,697	\$3,405,557	\$4,419,749	\$10,358,003

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

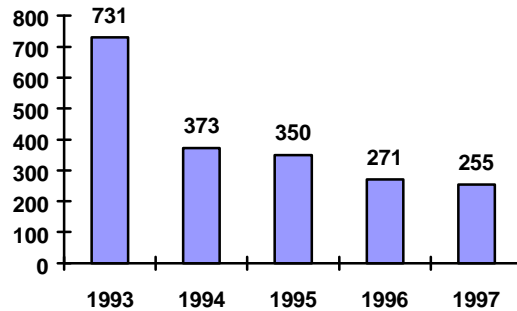
	1996	1997	1998
Title I	0	0	0
Title III	1	1	3
Title IV	1	1	1
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Wisconsin (Pop. 5,169,677)

- ▶ Persons reported to be living with AIDS through 1997: 1,307
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 1,984
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated November 1985)
- ▶ State AIDS Cases (cumulative) since 1993: 1,980 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	87%	78%
Women (13 years and up):	13%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	53%	33%
African American:	36%	45%
Hispanic:	9%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	51%	35%
Injecting drug user (IDU):	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	4%
Heterosexual contact:	9%	13%
Other, unknown or not reported:	15%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	200.9	194.5
Gonorrhea (1996)	87.5	124.0
Syphilis (1996)	3.4	4.3
TB (1997)	2.5	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** insurance; primary medical and dental care; housing; medications; and a shortage of providers who can deliver mental health and substance abuse services
- ▶ **Emerging Needs:** services for women; employment/return to work issues; culturally appropriate services; medications and adherence support; and expansion of voluntary HIV testing for pregnant women

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	64% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Wisconsin

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,840,433	\$2,579,528	\$3,054,537	\$7,474,498
ADAP (included in Title II grant)	(\$268,824)	(\$823,839)	(\$1,355,656)	(\$2,448,319)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$1,758,329/58%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$39,819)
ADAP/Treatments	(\$1,688,510)
Direct Services	(\$30,000)
Case Management (State Administered)	\$0/0%
Consortia	\$992,841/33%
Health Care*	(\$233,589)
ADAP/Treatment	(\$0)
Case Management	(\$438,832)
Support Services**	(\$320,420)
Administration, Planning and Evaluation (Total State/Consortia)	\$303,367/10%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 11

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Central Wisconsin AIDS Network Consortium	Wausau		\$30,770
East Central RW Consortium	Winnebago		\$36,961
LaCrosse County Health Dept.	La Crosse		\$21,954
Milwaukee Area RW Title II,III,IV Svcs. Consortium	Milwaukee	Milwaukee, Washington, Ozaukee, and Waukesha Counties	\$512,136
Northeast Wisconsin Ryan White Consortium	Green Bay	Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara and Winnebago Counties	\$87,861
Northern AIDS Network West	Superior		\$9,213
Northwest Wisconsin HIV Care Consortium	Eau Claire		\$44,392
Ryan White Consortium - NAN	Rhineland		\$6,750
Ryan White Consortium - Northern Region	Eau Claire	Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, and Wood Counties	\$15,208
Southeast Wisconsin CARE Consortium	Kenosha	Racine, Kenosha, Walworth, and Jefferson Counties	\$82,573
Southern Region Ryan White Care Consortium	Madison	Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock, and Sauk Counties	\$224,023

Accomplishments

Clients Served (duplicated count), FY 1996:	3,340
Men:	79%
Women:	21%

<13 years old:	3%
13-19 years old:	1%
20+ years old:	96%

White:	49%
African American:	38%
Hispanic:	11%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%

Men who have sex with men (MSM):	46%
Injecting drug user (IDU):	22%
Men who have sex with men and inject drugs (MSM/IDU):	32%
Heterosexual contact:	1%
Other, unknown or not reported:	0%

► **Improved Patient Access**

- The number of clients accessing medications through ADAP increased 112% between 1995 (270 clients) and 1997 (572). As of April 1999, there were 565 enrolled clients, with 275 clients accessing medications each month.
- The racial demographics of ADAP clients continued to change from 1996 to 1997. The percent of clients identified as white, non-Hispanic fell from 71% to 60%; the ADAP clients identified as black, non-Hispanic increased from 22% to 28%; and the clients identified as Hispanic increased from 5% to 11%.
- A statewide hotline for PLWH was funded in 1997.
- The Madison consortium expanded outreach, case management, and food services to the Beloit and Janesville area during 1997; and rural consortia continued to expand case management and transportation services to clients in rural counties.

► **Cost Savings**

- The ADAP negotiated voluntary manufacturers' rebates from pharmaceutical companies starting in 1996.

- Wisconsin maintains an HIV insurance program that is 100% State funded, allowing the state to subsidize group health continuation coverage insurance premiums for individuals who have had to terminate work, reduce work hours, or go on a medical leave due to an illness or medical condition related to their HIV infection. In State FY 1998, Wisconsin expanded its HIV insurance assistance program to cover individual policies for eligible clients. This expansion was projected to save the ADAP about \$20,000 per month. The expansion is being financed entirely by State dollars.
- The Wisconsin ADAP database for both client intake and billing functions allows ADAP staff to instantly query for client utilization and expenditure data. They also prepare a monthly utilization and expenditure report that is distributed to a number of program constituents and State departments.

► **Other Accomplishments**

- The grantee is providing enhanced follow-up for HIV-infected women.
- The Milwaukee consortium and the Wisconsin Primary Care Network continued to collaborate to provide services to pregnant women and their infants.
- The Green Bay consortium recruited members from the Native American Community Center and a migrant service agency to assist in developing an HIV/AIDS services plan to expand access to care for these historically underserved populations.
- Eligibility criteria are established in the Wisconsin statutes, which authorize the State ADAP. Changes in these criteria require approval of the Legislature and the Governor. The statute delegates authority for making formulary decisions to the Department of Health and Family Services (DHFS). The statute further directs DHFS to consult with "experts outside of the Department" in making formulary decisions. For more than eight years, DHFS has relied on an informal network of consumers, physicians, pharmacists, and case managers to provide insightful and timely input regarding formulary needs.
- The DHFS sponsors an annual conference for PLWH that includes an ADAP focus group.

AIDS Drug Assistance Program (ADAP): Wisconsin

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$549,186	\$1,104,201	\$1,636,018	\$3,289,405
State Funds	\$295,800	\$373,500	\$541,000	\$1,210,300
Total	\$844,986	\$1,477,701	\$2,177,018	\$4,499,705

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 22 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The program relies on an informal network of consumers, physicians, pharmacists and case managers to provide input on formulary needs.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	675
Number using ADAP each month:	325
Percent of clients on protease inhibitors:	70%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	87%
Women:	13%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	67%
African American:	26%
Hispanic:	8%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Wisconsin

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	3	
Total Title III funding in State	\$332,800	\$432,800	\$864,769	\$1,630,369

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 2,908
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 202
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 94
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 21%
 - ▶ from 200 to 499: 64%
 - ▶ above 500: 15%

Accomplishments

Clients served (primary care only), 1996:	202
Men:	65%
Women:	35%
<13 years old:	2%
13-19 years old:	0%
20+ years old:	98%

White:	15%
African American:	62%
Hispanic:	22%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%

Men who have sex with men (MSM):	36%
Injecting drug user (IDU):	15%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	45%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	1%

► **Improved Patient Access**

- Through a linkage with seven community health centers, Milwaukee Health Services provided care to more than 430 clients between 1994 and 1997.

► **Improved Patient Outcomes**

- The grantee reports that fewer deaths are reported for Milwaukee Health Services clients.

► **Cost Savings**

- Milwaukee Health Services participates in programs such as ADAP and pharmaceutical-company indigent care programs.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Milwaukee Health Services	Milwaukee	Milwaukee	Community and Migrant (329/330) Health Center
University of Wisconsin, Madison	Madison	Statewide	Hospital/University-based Medical Center

Planning Grants

1998 - AIDS Resource Center of Wisconsin - Milwaukee

Title IV: Wisconsin

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$264,464	\$324,354	\$405,443	\$994,261

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	17%
Women with children:	2%
Adolescents/young adults:	10%
Children:	28%
Infants:	43%
Clients with AIDS/HIV Infection:	100%

Accomplishments

All clients served, 1996:	115
Men:	26%
Women:	74%
(Adolescents and adults only)	
<13 years old:	70%
13-19 years old:	10%
20+ years old:	19%

White:	21%
African American:	54%
Hispanic:	23%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	3%
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Men who have sex with men (MSM):	2%
Injecting drug user (IDU):	3%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	3%
Heterosexual contact, non IDU:	16%
Receipt of blood transfusion, blood components, or tissue:	2%
Pediatric Exposure:	70%
Other, unknown or not reported:	4%

► **Improved Patient Access**

- The Wisconsin HIV Primary Care Support Network began in 1994 caring for 80 children and 160 family members. By the end of 1997 the number of individuals served by the Wisconsin Network had increased to 960, representing an increase of 300% over 3 years. Of these, 320 were clients and 640 were family members cared for by Network personnel.
- To ensure that clients and their families have easy access to services within their own communities, the Wisconsin Network collaborates with over 300 community-based organizations throughout the State. Between 1997 and September 1998, the grantee added 41 new primary care providers to the Perinatal/Pediatric Program, bringing the total number of primary care providers to 137.
- Between January 1997 and October 1998, 31 infants, known to be at-risk for HIV disease, were born in Wisconsin. The Wisconsin Network strives to enroll 100% of all pregnant, HIV-infected women into the Title IV program to ensure they receive care that meets Federal guidelines. During this time period, the Wisconsin Network provided case management services to 84% of the HIV-infected pregnant women prenatally.
- The Women's Intensive Case Management Program was established in late 1997, with 30 HIV-infected women enrolled in the first three months. The Peri/Ped Intensive Case Management Program served 115 persons, 100% of its target population.

► **Improved Patient Outcomes**

- Of the 26 women and infant pairs enrolled in the Wisconsin Network prenatally, 85% of pregnant women took ZDV prenatally and during labor and delivery, and 100% of all infants received oral ZDV after birth. Only two infants were ultimately diagnosed with HIV infection, representing a 7.6% perinatal transmission rate.

- Wisconsin Network services are focused on achieving compliance with Federal CARE guidelines. Through the efforts of the nurses and social workers of the Title IV Network, the following outcomes were achieved in children, youth, and women enrolled in the Title IV program in 1998. 1) The grantee performed CD4 evaluations every 3 months for 89% of children and youth, performed viral load monitoring every three months for 100% of the enrolled children and youth, and initiated appropriate antiretroviral therapy for 100% of children and youth; 2) The grantee initiated appropriate prophylaxis for *Pneumocystis carinii* pneumonia (PCP) for 100% of HIV-infected children and youth, and no child under the age of 18 in Wisconsin has had PCP since 1992. 3) The grantee offered HIV specialty care to 100% of women, and 61% participated. The grantee also offered antiretroviral therapy to 89% of the HIV-infected women, with 81% of those offered accepting therapy. Of those women accepting therapy, 77% have taken antiretroviral therapy. 4) The grantee offered therapy to prevent PCP to 100% of HIV-infected women, and 80% of those offered it, accepted therapy. Of those women accepting therapy, 75% have taken the therapy.

► **Cost Savings**

- Before 1996, approximately 10 HIV-infected children were identified in Wisconsin every year. Since 1996, that number has dropped to two to three children yearly. This decline is related to Wisconsin Network activities and suggests that Network programs have saved 7 to 8 lives yearly. The cost of care for each of these clients would be approximately \$500,000 to age 25; thus, Wisconsin Network Title IV programs estimates it has saved approximately \$4,000,000 each year.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Medical College of Wisconsin	Milwaukee	Statewide	Hospital

AIDS Education and Training Centers: Wisconsin

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Midwest AETC
- ▶ States Served: Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin
- ▶ Primary Grantee: University of Illinois at Chicago, Chicago, Illinois
- ▶ Subcontractors in State: Medical College of Wisconsin - Milwaukee

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$95,000	\$68,875	\$95,000	\$258,875

Training Highlights from FY 1997

- The AETC's training activities include addressing factors that affect adherence to antiretroviral treatment, interventions to assist adherence and measures of adherence. For example, the AETC collaborated with the Hektoen Institute/Cook County Hospital Primary Care Center to develop a range of curriculum, practice tools and resources to address adherence. The AETC also played a leading role in a national adherence teleconference in November 1998.
- The Midwest AETC has begun to address the HIV care needs of incarcerated populations and conducted a number of training initiatives targeting prison health care providers. One such effort was the "HIV in Corrections...And Back to the Community" conference designed and sponsored by the Western and Eastern Missouri Performance sites with help from the Kansas AETC. The program was offered to medical providers serving prison populations and was attended by both medical providers and prison officials.
- To help providers improve the management of clients co-infected with TB and HIV, the AETC has collaborated with the Chicago Department of Health in designing an ongoing cross-training series for STD/HIV and TB clinic and community outreach staff. Among the outcomes of these trainings have been the development of a standard confidentiality policy for both STD/HIV and TB clinics, and training for TB clinical staff on HIV counseling and testing.

- The Indiana performance site, in collaboration with the Indiana State Department of Health, produced a videotape in response to an emergency rule passed by the Indiana State Legislature. The rule, which requires all prenatal health care providers to counsel pregnant women on HIV testing, went into effect in July 1998. The video is designed to assist healthcare providers to provide consistent, accurate information to patients and comply with the rule.
- The AETC has developed a dissemination process that uses various activities to communicate the most up-to-date information about PHS treatment guidelines and HIV clinical management. Key information is distributed to practitioners by fax. With each fax transmission there is a summary of key information (four pages or less), information on resources for more extensive information, training and support, federal notices (if applicable). The AETC has also developed a grand-rounds curriculum on PHS treatment guidelines. The curriculum has been offered at area hospitals and through local provider organizations. Information about PHS guidelines is included in the AETC's ongoing programs as well.
- In an effort to ensure that HIV services are delivered in a consistent manner, the AETC has served on the Title I program evaluation and quality assurance initiative for services in the Chicago Metropolitan area. Consumers and providers of Title I services have, with the AETC's direction, worked to define, measure and improve service quality using a peer review site-visit model. The AETC offers training to consumers and providers on conducting site visits and is developing study designs to measure Title I service outcomes.